

STATE OF MICHIGAN)
COUNTY OF CALHOUN

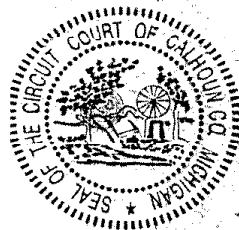
I, ANNE B. NORLANDER, Clerk of the
County of Calhoun, do hereby CERTIFY
that the foregoing is a true and correct
copy of a document on file in said County.
Signed and sealed at Marshall, Michigan

this 5 day of November, 2013

Anne B. Norlander
ANNE B. NORLANDER, COUNTY CLERK

By: Carol O'Keefe
Deputy Clerk

CORRECTED



LF
CF 1137



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER
230137

1. DECEDENT'S NAME (First, Middle, Last) Sally Ann Dowding		2. DATE OF BIRTH October 29, 2013		3. SEX Female		4. DATE OF DEATH October 29, 2013	
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS Sally Ann Barres		6a. AGE - Last Birthday (Years) 68		6b. UNDER 1 YEAR MONTHS DAYS		6c. UNDER 1 DAY HOURS MINUTES	
7a. LOCATION OF DEATH 21557 26 Mile Road, 49076		7b. CITY, VILLAGE OR TOWNSHIP OF DEATH Clarence Twp		7c. COUNTY OF DEATH Calhoun			
8a. CURRENT RESIDENCE - STATE Michigan		8b. COUNTY Calhoun		8c. LOCALITY Clarence Twp		8d. STREET AND NUMBER 21557 26 mile Road	
8e. ZIP CODE 49076		9. BIRTH PLACE Toledo, Ohio		10. SOCIAL SECURITY NUMBER 8814		11. DECEDENT'S EDUCATION Some college credit but no degree	
12. RACE White		13a. ANCESTRY German		13b. HISPANIC ORIGIN No		14. EVER IN THE U.S. ARMED FORCES? No	
15. USUAL OCCUPATION Case worker		16. KIND OF BUSINESS OR INDUSTRY Government		17. MARITAL STATUS Married		18. NAME OF SURVIVING SPOUSE Clifton James Dowding Jr.	
19. FATHER'S NAME (First, Middle, Last) LeRoy Casper Barres		20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Sally Rachel Sherman					
21a. INFORMANT'S NAME Clifton James Dowding Jr.		21b. RELATIONSHIP TO DECEDENT Husband		21c. MAILING ADDRESS 21557 26 Mile Road, Olivet Michigan 49076			
22. METHOD OF DISPOSITION Cremation		23a. PLACE OF DISPOSITION Jackson Crematory Service		23b. LOCATION - City or Village, State Jackson, Michigan			
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE Mike E. Mills		25. LICENSE NUMBER 4501006960		26. NAME AND ADDRESS OF FUNERAL FACILITY Shelly-Odell Funeral Home, 518 S. Main, Eaton Rapids, Michigan 48827			
27a. CERTIFIER <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death appeared due to the (cause) and manner stated. <input type="checkbox"/> Medical Examiner - On the basis of examination, autopsy investigation, or any agencies, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Anthony E. Marl D.O., Dr.		27b. DATE SIGNED November 01, 2013		27c. LICENSE NUMBER 5101015680		28. ACTUAL OR PRESUMED TIME OF DEATH 09:36 AM	
29. MEDICAL EXAMINER CONTACTED Yes		30. PLACE OF DEATH Home		31. IF HOSPITAL		32. TIME PRONOUNCED DEAD October 29, 2013 09:36 AM	
33. MEDICAL EXAMINER'S CASE NUMBER 300-13		34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN Anthony E. Marl D.O., Dr., 123 Lansing Street, Charlotte, Michigan 48813					
35a. REGISTRAR'S SIGNATURE <u>Anne B. Norlander</u>		35b. DATE FILED November 01, 2013					
36. PART I. ENTER the cause of death, disease, injuries or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or venous thromboembolism showing the etiology. Enter only one cause on line. If diseases were an intermediate, underlying or contributing cause of death, list them in Part II of the cause of death accepted, as appropriate. IMMEDIATE CAUSE (Final result or condition resulting in death) diabetes atherosclerosis Due to (or as a consequence of) Due to (or as a consequence of) Due to (or as a consequence of) Due to (or as a consequence of)							Approximate Interval Between Onset and Death years
PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I							37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
38. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 45 days of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant 45 days to 1 year before death							
39. MANNER OF DEATH Natural		40a. WAS AN AUTOPSY PERFORMED? No		40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
41a. DATE OF INJURY		41b. TIME OF INJURY		41c. DESCRIBE HOW INJURY OCCURRED			
41d. INJURY AT WORK		41e. PLACE OF INJURY		41f. IF TRANSPORTATION INJURY		41g. LOCATION	

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